Governance Workgroup

March 5, 2012

Chair: Gary Edwards

Present: Gary Edwards, Lewis Garrett, Dave Cunningham, Marc Babitz, Teresa Garrett, Lloyd Berentzen, Bob Rolfs, **Visitors:** Lynn Meinor

- 1. Minutes: 2-21-2012
 - a. Correction: spelling of Linda Abel's name
 - b. Question on #3 item g Asked RuthAnne to re-listen to this item for clarification.
 - c. Tabled this item until next meeting
- 2. Designated Grant Review
 - a. HIV Prevention Projects and Comprehensive STD Prevention Systems (CSPS)
 - i. In the 4th year of a 5 year funding cycle
 - ii. Charged with developing a plan
 - 1. Have a draft of a plan Received a lot of input from the LHDs
 - a. Made in conjunction with the performance measures, goals and objectives of the STD strategic plan
 - b. Outlined the essentials functions are in the grant
 - c. Evaluation, surveillance and data management, what we are held accountable for, medical laboratory services
 - d. Talk about the training and professional development
 - e. Working on improving partner services
 - f. Interventions
 - g. Strategies to prevent STDs
 - i. Disease intervention service
 - ii. LHDs Standards
 - iii. Training involved
 - iv. Screening CDC guidelines, targeted screening vs private providers
 - v. Treatments
 - vi. Reporting with UT-NEDSS (ELR)
 - vii. Private providers reporting
 - viii. Education and outreach
 - ix. Access to care Rural vs urban issues

iii. Questions:

- 1. Lewis Is this the original draft? Lynn No this has all been updated. It is pretty different from the original draft.
- 2. Dave C. Statewide are the rates going up or down? Lynn Chlamydia rates are increasing, gonorrhea rates are going down.
- 3. Bob Who has been participating? Lewis A lot of the LHDs have been participating (most by phone), but we have been writing information on the white board and they can't see them.
 - a. Lynn Suggested going down to the DIS level for their input.

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b. Teresa – Suggested a gotomeetings sessions where you review the information.

iv. Additional funding

- 1. Last fall when we submitted for the HIV prevention grant they had an additional category that you could apply for additional funding Category C.
 - a. For targeted, high incidence areas for new innovative testing projects
 - b. Utah was funded for an additional \$361K for 4 years
 - i. The first two years are funded at \$361K, the 2nd two years are competitive
- 2. Integrated testing project
 - a. Testing Rapid HIV, STD & Rapid Hep C on the incarcerated population in Utah
 - i. Testing inmates 3 months prior to their release
 - ii. Testing at the Utah state prison, 5 juvenile facilities in Salt Lake and Davis county jail
 - 1. This is phase 1 of the project
 - Fund 1FTE @ Davis County HD, 1FTE @ SLVHD, and 1 coordinator @ UDOH to work with the prisons
 - c. The other piece is the linkage to care
 - d. Won't be providing treatment with this grant, just testing
 - e. Phase 2 would include more jails
 - i. Bear River and Utah County jails in 2013
 - f. Question: Bob Does the rapid Hep C test have the same accuracy? Lynn – This is detecting the antibody. It is the same rapid test we use for HIV. It is confirmatory.
- 3. Final report will be prepared for Governance 6 months before the next cycle.
- 3. Addressing Asthma from a Public Health Perspective
 - a. Budget: \$396K
 - b. Year 4 of 5
 - c. Maintaining active surveillance system
 - d. Funds 3 LHDs: Central, Utah County & TriCounty
 - e. In the middle of or just completed
 - f. Next year going to work on comprehensive surveillance
 - g. Part time program manager, FT Epi manager, Minimum staffing pattern working with BRFSS
 - h. A lot of their work is with taskforce generates activity in the community
 - i. Worked with DEQ on the Ozone levels and posting better information about Air
 - j. Request for this to continue for 1 more year funding the 3 current LHDs
 - i. Motion: Marc Babitz, 2nd: Dave Cunningham, Vote Yes: Unanimous
- 4. National Environmental Public Health Tracking Program
 - a. Teresa and Marc remember that this was exempt last year
 - b. This is a competitive project

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- i. Early on this project included 2 or 3 LHDs but has become more technical/infrastructure oriented
- c. This is on a 3 year cycle
- d. The environmental epi program is doing things on this but not coordinating with the LHDs
- e. Bob feels it is pretty important policy implication for the state side as well as the public health side
- f. The National Environmental Public Health Tracking program to be exempt
 - i. Motion: Lewis Garrett 2nd: Marc Babitz Vote yes: Unanimous
- 5. Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements
 - a. Due date is may 1st
 - b. PHIPA is meeting next week
 - c. Hold this topic until the next Governance meeting
 - i. Motion: Teresa Garrett 2nd: Marc Babitz Vote Yes: Unanimous
- 6. Discussion of Immunization and Vaccine for Children Teresa
 - a. The email regarding the deputizing was very positive. It will be at the state level. The state level will connect agreements with the Health Centers so the LHDs can act for the underinsured. Do not have any more information beyond this at this time.
 - b. Pretty sure CDC will give the state the forms/packet of information.
- 7. Other Business
 - a. Last time talked about putting together a Perinatal Hep B workgroup
 - i. Davis is going to participate
 - ii. Wasatch, Summit, Southeast, Salt Lake ... said no thank you
 - iii. This was a test for the grant process determined in PHIP
 - iv. Question: Lewis Are we sure the notices of the grants are going to the LHOs and their designee? Deb I will get in to make sure the list is accurate
 - b. Heart Disease and Stroke Prevention
 - There was a conference call on Thursday with 4 LHDs Wasatch, Summit, Tooele & Bear River.
 - ii. On Friday she sent out the forms and application process.
 - c. Bylaws
 - i. When we set up the rotation for chairs we were going to do it for four months

Agenda:

- Approval of Bylaws
- Approval of Minutes 2/21 & 3/5
- HPP & PHEP